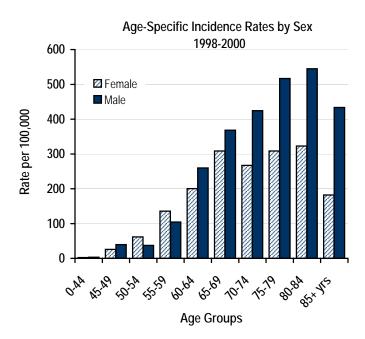


Lung Cancer Clark County and Washington State, 1994 through 2001

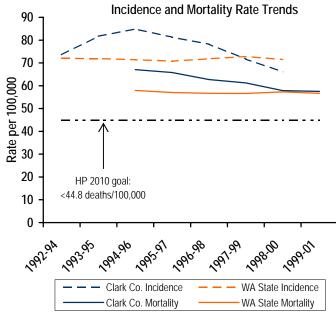
Why we should care:

Lung cancer is the leading cause of cancer death among men and women in the United States. (1) Even when screening identifies lung cancer in an early stage, there is no reduction in mortality. (2) In 2000, the total charges for inpatient admissions due to lung cancer for Washington residents were \$90 million. (2)



What we can do:

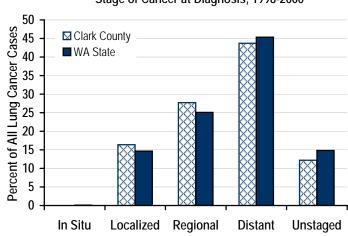
- Tobacco use and exposure are responsible for approximately 85% of lung cancer deaths. Non-smokers who are exposed to smoke in their environment have approximately a 30% higher risk of developing lung cancer than those not exposed to secondhand smoke. Lung cancer is fatal in over 88% of cases. (1) Therefore, smoking prevention and cessation are the most important interventions for reducing lung cancer. (2)
- Support and maintain smoke-free public and private spaces. In Clark County, 70% of restaurants are smoke-free. (7)
- Advocate for and promote effective, affordable, culturally appropriate smoking cessation programs for anyone who desires to quit.
- Utilize the Washington State Quit Line: 1-877-270-QUIT (7848).



Status:

- The lung cancer incidence rate for Clark County rose to a peak in the mid 1990's and declined thereafter to a rate lower than the statewide rate.
- The lung cancer incidence rate increases with age but the risk of this disease is greater among males in almost all age-groups.
- The death rate for lung cancer in Clark County declined steadily since the mid 1990's while the statewide rate remained constant. Neither the county nor the state has reached the Healthy People 2010 goal of no more than 44.8 deaths per 100,000 population.
- -The majority of lung cancer cases diagnosed in 1998-2000 were identified in the more advanced stages of the disease. However, with this disease early detection does not increase the survival rate.

Stage of Cancer at Diagnosis, 1998-2000





Lung Cancer Incidence and Mortality Clark County and Washington State, 1992-1994 through 1999-2001

	Clark County				Washington State			
	Incidence			No. of	Incidence			No. of
Period	Rate	No. of Cases	Death Rate	Deaths	Rate	No. of Cases	Death Rate	Deaths
1992-94	73.6	151	NMF***	-	72.0	2985	NMF***	-
1993-95	81.7	155	NMF***	-	71.9	2989	NMF***	-
1994-96	84.9	153	67.1	474	71.4	2903	57.9	8546
1995-97	81.3	144	65.8	484	70.8	2752	57.0	8577
1996-98	78.2	144	62.7	478	71.8	2697	56.6	8698
1997-99	71.7	133	61.3	485	72.8	2645	56.6	8858
1998-00	66.1	117	57.9	471	71.5	2644	57.3	9144
1999-01	NA***	NA***	57.5	480	NA***	NA***	56.7	9204

Technical notes

Rates:

- -Much of public health assessment involves describing the health status of a defined community by looking at changes in the community over time or by comparing health events in that community to events occurring in other communities or the state as a whole. In making these comparisons, we need to account for the fact that the number of health events depends in part on the number of people in the community. To account for growth in a community or to compare communities of different sizes, we usually develop rates to provide the number of events per population unit. The following rates are most commonly used:
- Crude mortality rates, or death rates, are calculated by dividing the number of deaths due to a certain cause by the population in which the deaths are occurring in a specified period of time such as one year.
- -Age-adjusted death rates are calculated to allow comparisons of death rates between two populations at the same time or the same population at different times. The age-adjustment process removes differences in the age composition of two or more populations to allow comparisons between these populations independent of their age structure.
- Incidence is a way of measuring the risk of a disease in a population. An incidence rate is calculated by dividing the number of new cases of a disease by the population in which the disease is occurring in a defined period of time (e.g. one year) and multiplying this number by 100,000.

Other technical notes:

- * Rate per 100,000 deaths adjusted using the 2000 U.S. Standard Population; deaths coded using ICD 10.
- **NMF = no meaningful figures. Deaths prior to 1994 cannot be accurately recoded using the ICD 10 system and therefore are not considered in these analyses.
- -***NA = data not available at time of printing.

Sources

(1) U.S. Environmental Protections Agency. The Cost of Illness Handbook. Chapter 11.5 - Cost of Lung Cancer. URL: http://www.epa.gov/oppt/coi/index.html. Last updated on July 23, 2002. (2) Washington State Department of Health. The Health of Washington State. Lung Cancer. Olympia, WA, 2002, August. [Cited 2003, May 13] 418p. Available from http://www.doh.wa.gov/HWS. (3) Washington State Cancer Registry Data Online, Cancer Incidence Data, 1992-2000. Olympia, WA: Washington State Department of Health, Washington State Cancer Registry. Retrieved from http://www3.doh.wa.gov/WSCR/ASP/WSCRQry.asp in May 2003. (4) Vital Registration System, Annual Statistics Files, Deaths 1980-2001. [Data file]. Olympia, WA: Washington State Department of Health, Center for Health Statistics. (5) Public Health: Seattle & King County, Epidemiology, Planning, & Evaluation. (1991-2003). VistaPHw (Version 3.1.1) [Computer software for public health assessment]. Seattle, WA. (6) U.S. Department of Health and Human Services. Healthy People 2010 Objective 3-2: Reduce the death rate from lung cancer to no more than 44.8 per 100,000 population. Washington, DC: January 2000. (7) Clark County Health Department, Health Promotion Unit, [Unpublished Data]. 2003. Vancouver, Washington.